

PRODUCER

Aon Risk Services, Inc. of New Mexico
6000 Uptown Blvd NE
Suite 400
Albuquerque NM 87110 USA

PHONE (505) 889-6700

FAX (505) 884-7831

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY
AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS
CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE
COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Health Services Holdings, Inc.
Health Services Advisory Group
Florida Medical Quality Assurance, Inc.
1600 E Northern Ave, Suite 100
Phoenix AZ 85020 USA

INSURERS AFFORDING COVERAGE

INSURER A: National Fire Ins. Co. of Hartford

INSURER B: Continental Casualty Company

INSURER C:

INSURER D:

INSURER E:

COVERAGES This Certificate is not intended to specify all endorsements, coverages, terms, conditions and exclusions of the policies shown. SIR May Apply

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	2070835182	07/01/05	07/01/06	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE(Any one fire)	\$100,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$10,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS - COMP/OP AGG	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY	2070835182	07/01/05	07/01/06	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO				BODILY INJURY (Per person)	
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
	ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	
					AGG	
A	EXCESS LIABILITY	2070835182	07/01/05	07/01/06	EACH OCCURRENCE	\$2,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$2,000,000
	DEDUCTIBLE					
	<input checked="" type="checkbox"/> RETENTION \$10,000					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	2070835148	07/01/05	07/01/06	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$1,000,000
					E.L. DISEASE-POLICY LIMIT	\$1,000,000
					E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

RE: Contract # SCC060004 - The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents and employees shall be named additional insureds with respect to liability arising out of the activities performed by or on behalf of the contract.

CERTIFICATE HOLDER

Arizona Health Care Cost
Containment System
PO Box 25520
Phoenix AZ 85002 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

C. Deon Bragere

5/31

A PROFESSIONAL LIABILITY INSURANCE CORPORATION

PRESIDENT
Joe A. Boswell

E & O SPECIALISTS
E. Geoffrey Cullen
Alan De Bakcsy
Lisa Guynn
Judy Halliburton
Jamie Jones
Glenn Koehler
Robin Lammon



CERTIFICATE OF INSURANCE

Established 1968

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Policy Number: TER4719415 & EPG0001342

Effective: 4/1/06 to 4/1/07

12:01 A.M. Standard Time at the address of the Insured below.

INSURED:

Health Services Holdings, Inc.
Health Services Advisory Group, Inc.
Florida Medical Quality Assurance, Inc.
1600 East Northern Ave., Ste. 100
Phoenix, AZ 85020

PRODUCER:

Boswell Insurance Agents & Brokers, Inc.
3575 Deer Lake Park Road
Julian, CA 92036-1149

COVERAGES:

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein are subject to all the terms, exclusions and conditions of such policies.

INSURANCE COMPANY:

Great American E&S Company
Mt. Hawley Insurance Company

TYPE OF INSURANCE:

Professional Liability (E&O)
Director's & Officer's Liability (D&O)

LIMIT OF LIABILITY:

E&O: \$2,000,000 per claim/\$2,000,000 aggregate
D&O: \$1,000,000 per claim/\$1,000,000 aggregate

DEDUCTIBLE:

E&O: \$100,000 per claim
D&O: \$ 25,000 per claim

SUBLIMIT:

E&O: \$5,000,000 per claim/\$5,000,000 aggregate
NCQA Contract

DEDUCTIBLE:

E&O: \$100,000 per claim

CANCELLATION:

Should the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

CERTIFICATE HOLDER:

Contracts & Purchasing - Contract #SCC060004
AHCCCS
701 E. Jefferson St., MD 5700
Phoenix, AZ 85034

May 24, 2006

A handwritten signature in black ink, appearing to read 'Robin Lammon', is written over a horizontal line.

Authorized Representative, Boswell Insurance Agents & Brokers, Inc.

Robin Lammon • Direct Line 800-355-4424

Email robin@boswellinsurance.com

3575 Deer Lake Park Road

P.O. Box 1149 • Julian, CA 92036-1149 • FAX 760/765-4749

Lic #0A96080

DO NOT SEND TO IRS

Vendor MUST Print
or Type Information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print
or Type Information

• Taxpayer Identification Number (TIN) **86-0440007** • TIN Type ☒ Employer Identification Number (EIN) ☐ State of Arizona HRIS EIN State of Arizona Employees ONLY
☐ Social Security Number (SSN)

• Legal Name
Must match TIN above

HEALTH SERVICES ADVISORY GROUP, INC.

• Entity Type Select one of the following

- ☒ Corporation (NOT providing health care, medical or legal services) (5A)
☐ Corporation (providing health care, medical or legal services) (5M)
☐ Partnership, LLP (5T)
☐ PLLC, LLC (5C)
☐ Individual/Sole Proprietor (5I)
☐ The US or any of its political subdivisions or instrumentalities (2G)
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
☐ Tax-exempt organization under IRC §501 (5O)
☐ An international organization or any of its agencies or instrumentalities (5U)
☐ State of Arizona employee (1E)
☐ Other, Tax reportable entity (5P)

• Minority Business Indicator Select one of the following

- ☐ Small Business (01)
☐ Small Business- African American (23)
☐ Small Business- Asian (24)
☐ Small Business- Hispanic (25)
☐ Small Business- Native American (27)
☐ Small Business- Other Minority (05)
☐ Small, Woman Owned Business (06)
☐ Small, Woman Owned Business- African American (29)
☐ Small, Woman Owned Business- Asian (30)
☐ Small, Woman Owned Business- Hispanic (31)
☐ Small, Woman Owned Business- Native American (33)
☐ Small, Woman Owned Business- Other Minority (11)
☐ Woman Owned Business (03)
☐ Woman Owned Business- African American (17)
☐ Woman Owned Business- Asian (18)
☐ Woman Owned Business- Hispanic (19)
☐ Woman Owned Business- Native American (21)
☐ Woman Owned Business- Other Minority (08)
☐ Minority Owned Business- African American (04)
☐ Minority Owned Business- Asian (32)
☐ Minority Owned Business- Hispanic (74)
☐ Minority Owned Business- Native American (15)
☐ Minority Owned Business- Other Minority (02)
☐ Non-Profit, IRC §501(c) (88)
☒ Non-Small, Non-Minority or Non-Woman Owned Business (00)

• Main Address Where tax information and general correspondence is to be mailed

DBA/Branch/Location HEALTH SERVICES ADVISORY GROUP, INC.

Address 1600 E NORTHERN

Address continued Suite 100

City PHOENIX State AZ Zip code 85020

• Remit to Address ☒ Same as Main

DBA/Branch/Location

Address

Address continued

City State Zip code

• Contact Information

Name DONALD M. CUBBIN

Phone # 602-745-6285 EXT.

Fax 602-294-0278

email dmccubbin@hsag.com

• Certification

Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
- I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature DONALD M. CUBBIN

Title CONTROLLER

Date 5/23/2006

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY Agency Authorization Phone # Date

STATE OF ARIZONA GAO USE ONLY

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS ☐ Other ☐ Other

Vendor Number

MC

Processed by

Date Processed